

Call (262) 544-8280 or 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD.		UNIFORM SIGN PERMIT APPLICATION			PERMIT NO.  TAX KEY #	
ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY  OF _____		PROJECT LOCATION (Building Address)			
			PROJECT DESCRIPTION		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL	
Owner's Name		Mailing Address		Telephone - include Area Code		
Contractor's Name		Mailing Address		Telephone - include Area Code		
SITE			_____ 1/4, _____ 1/4, SECTION _____, T _____ N, R _____ E(or)W			
Lot: Average Width      Average Depth		Subdivision Name		Lot No.      Block No.		
Zoning District	Total Area	Setbacks N.S.E.W.	Front Ft.	Rear Ft.	Left Ft.      Right Ft.	
1. PROJECT		3. TYPE	4. USE	7. SIGN TYPE		
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other _____		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Wall <input type="checkbox"/> Ground <input type="checkbox"/> Projecting <input type="checkbox"/> Roof <input type="checkbox"/> Pole <input type="checkbox"/> Other		
2. AREA - SIGN FACE		5. HEIGHT	8. ILLUMINATED		10. PRESENT USE OR OCCUPANCY	
1st Side _____ Sq. Ft.		_____ _____ _____ TOTAL _____ Sq. Ft.	<input type="checkbox"/> Internally <input type="checkbox"/> Externally		Total Sq. Ft. _____	
2nd Side _____ Sq. Ft.			9. ESTIMATED COST			
Other _____ Sq. Ft.			TOTAL \$ _____			
TOTAL _____ Sq. Ft.		6. SHORELAND/FLOODLAND				
		Shore setback _____ feet from sign to ordinary high water mark.				
		Floodplain setback _____ feet from sign to 100 year floodplain.				
TYPE OF MATERIAL		EXISTING SIGN			INSPECTIONS NEEDED	
<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> Plastic <input type="checkbox"/> Canvas   _____		Sign 1 Size: Width _____ Height _____ Setback _____ Offset _____ Sign 2 Size: Width _____ Height _____ Setback _____ Offset _____			<input type="checkbox"/> Final	
PLAT OF SURVEY INCLUDING THE FOLLOWING INFORMATION: 1) Location and dimensions of Lot. 2) Location and dimensions of all existing and proposed buildings on the Lot. 3) Location, centerline and grade of all abutting streets. 4) Floor elevation of proposed new buildings. 5) High water line of any water body which Lot abuts. 6) Location of any existing or proposed wells, septic systems, public sewer or water mains on the Lot. 7) Location of any proposal and existing signs.						
The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.						
SIGNATURE OF APPLICANT _____			DATE _____			
CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice. _____ _____						
FEES:		PERMIT(S) REQUIRED	PERMIT EXPIRATION;	RECEIPT	PERMIT ISSUED BY MUNICIPAL AGENT:	
Plan Review Fee _____ Inspection Fee _____ Administration Fee _____ Other _____  Total _____		<input type="checkbox"/> Construction _____ <input type="checkbox"/> HVAC _____ <input type="checkbox"/> Electrical _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Other _____	Permit expires two years from date issued unless otherwise noted below: _____ _____	CK# _____ Date _____ From _____ Rec By. _____	Name _____  Date _____  Certification No. _____	